

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 445-7046



January 30, 1984

ALL-COUNTY LETTER NO. 84-17

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY AUDITORS
ALL COUNTY FISCAL OFFICERS

SUBJECT: EMERGENCY ASSISTANCE-ABUSED, NEGLECTED, AND EXPLOITED CHILDREN
PROGRAM (EA-ANEC)

REFERENCE:

The State Department of Social Services (SDSS) notified the counties via All County Letter No. 83-128 of the final resolution of the Department of Health and Human Services' (DHHS) deferral on the EA-ANEC Program for the September 1982, December 1982, and March 1983 quarters and the methodology used to distribute the limited federal funds.

Counties were also informed that they would have the opportunity to provide documentation to substantiate reclaiming for the unreimbursed EA-ANEC expenditures.

In order to resolve DHHS' concerns regarding the allowability of costs and the availability of support documentation, and to provide the counties with some guidance in reclaiming these costs, SDSS recently met with DHHS staff. The procedures outlined in Attachment I of this letter have been accepted by DHHS as an appropriate process to document the cost eligibility of the unreimbursed EA-ANEC expenditures. All documentation is to be submitted to this Department no later than April 1, 1984 (Public Law 96-272 Time Limitation for Reclaiming). Counties are advised that all documentation will be subject to both Federal and State review prior to the appropriate reimbursement.

All questions concerning this letter should be directed to Fiscal Policy and Procedures Bureau at (916) 445-7046 or ATSS 485-7046.

Sincerely,

A handwritten signature in cursive script, appearing to read "Robert T. Sertich".

ROBERT T. SERTICH
Deputy Director
Administration

Attachment

cc: CWDA

Attachment I

PROCEDURES FOR INDIVIDUAL COUNTY REVIEWS
FOR RECLAIMING EA-ANEC PROGRAM EXPENDITURES
September 1982, December 1982 and March 1983 Quarters.

In conducting the individual program reviews, counties are to verify the eligibility of five percent of the entire EA-ANEC caseload reported for federal funding during the September 1982, December 1982, and March 1983 quarters. The five percent sample is to be pulled by the simple random sampling method using the counties' EA-ANEC master list. If a master list is not available, counties are to pull the sample using the systematic sampling method. Counties may determine the eligibility rate based on three separate quarterly rates or combine the three quarters' review into one eligibility rate.

Listed below are the procedures to be used and the process to verify the eligibility of the cases during the individual county program reviews. Counties are to photocopy and use the attached Emergency Assistance Review Tally Sheet to properly document the case review findings individually.

The Emergency Assistance/Eligibility Determination Form (SOC 349) is essential for the claiming of Emergency Assistance funds. Therefore, it is imperative that the original SOC 349 be in each case file and that each form was accurately and fully completed by the social worker and/or eligibility worker. During the review, the county is to verify that the original form is in the case file and that Sections A through F were completed as follows:

1. Section A was completed and signed for every Emergency Assistance (EA) case.
2. All four parts of Section B were completed, dated, and signed.
3. Section C, D, and/or E were completed, dated, and signed as applicable to the individual case or verification that the appropriate supporting eligibility documentation is in either the services or the income maintenance case record.
4. Section F was completed showing the beginning and ending dates of EA eligibility.

In verifying the eligibility of the cases reviewed, the following process is to be used and the information documented in the appropriate columns on the Review Tally Sheets.

1. Column 1, list each file by case name and case number.
2. Column 2, mark the appropriate area "yes/no" verifying that the case file has an original SOC 349.
3. Column 3, mark the appropriate area "yes/no" verifying that Section A of the SOC 349 was dated and signed.

4. Column 4, mark the appropriate area "yes/no" verifying that all parts of Section B of the SOC 349 were thoroughly completed, dated and signed.
5. Column 5, mark the appropriate area "yes/no" verifying that Sections C, D and/or E were completed accordingly to the individual case needs or the appropriate supporting documentation is available.
6. Column 6, fill in the beginning/ending dates of eligibility as documented in Section F of the SOC 349.

In addition, if dates of service in Section F of the SOC 349 precede the date of application in Section A, enter these dates also in Column 6.

7. Column 7, mark "Yes" if all Columns 1 through 6 have been marked "Yes". Mark "No" in Column 7 if any of the Columns 2 through 6 were marked "No".
8. For those cases in which EA eligibility is verified in Column 7 but Section F of the SOC 349 was incomplete with no beginning/ending dates of eligibility or shows more than 30 days of eligibility, these cases are determined to be in partial error unless documentation in the case file verifies that services were provided for 30 days or less. Also cases verified in Column 7 to be EA eligible, but date of service in Section F of the SOC 349 precede the date of application in Section A, are determined to be in partial error. The county is to determine the number of incorrect days claimed to EA and enter this information in Column 8.

Next, the county is to compile the data documented on the Review Tally Sheets. The data is to be summarized as follows:

A. Total number of cases reviewed.

B. Total number of cases with incomplete/no SOC 349.

1) Types of error

- a. No SOC 349
- b. SOC 349 not signed (Section A and/or B)
- c. Insufficient data to support eligibility (Section C, D, and E)
- d. Incorrect dates in Section F and/or services provided prior to date of application.

The county is to determine the error rate in the following manner:

- A. Total all error cases.
- B. Determine incorrect days claimed in partial error cases by taking total number of incorrect days and dividing by 30.

Example:

$$\begin{array}{rcl} & 39 \text{ incorrect days} & \\ \div & 30 \text{ eligible days per case} & \\ \hline = & 1.3 \text{ case error} & \end{array}$$

Divide total error cases by total numbers of cases reviewed. This results in individual error rate. Subtract this rate from 100 percent to determine individual eligibility rate.

Submit all documentation to:

State Department of Social Services
Fiscal Policy and Procedures Bureau
744 P Street, M/S 8-100
Sacramento, California 95814

Attention: Sue Turek

County Review Period

[illegible]